

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-006787

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1044

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

FILED MAR 8 1963

## 1. PLACE OF DEATH

a. COUNTY

Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Kansas City

Length of stay in 1b  
11 yrs.

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Osteopathic Hospital

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY Jackson

c. CITY OR TOWN Kansas City

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
619 Newton

Reside on Farm  
Yes ☐ No ☒

## 3. NAME OF DECEASED

First

Middle

Last

CLARALEE

McMUNN

## 4. DATE OF DEATH

Month

Day

Year

2 - 16 - 1963

## 5. SEX

Female

## 6. COLOR OR RACE

White

## 7. Married

☒ Never Married ☐ Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

3-11-1901

## 9. AGE (last birthday)

61

## 10. IF UNDER 1 YEAR

Months Days Hours Min.

## 11. IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (City and state or country)

Harrisburg, Arkansas USA

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Elbert Baker

13b. MOTHER'S MAIDEN NAME

Pearl Shoemaker

14. NAME OF HUSBAND OR WIFE

Albert McMunn

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)  
No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Albert McMunn, 619 Newton, K.C. Mo.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Anoxia

DUE TO (b)

Acute myocardial infarction

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

15 minutes

1 hour

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Bronchitis

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

March 16, 1957

to February 16, 1963

and last saw her alive on Feb. 15, 1963

Death occurred at 3:50 A.M.

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

D.O.

22b. ADDRESS

2425 Independence Blvd., K.C., Mo.

22c. DATE SIGNED

2-16-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

2-18-1963

23c. NAME OF CEMETERY OR CREMATORY

Mount Washington Cemetery Independence, Mo.

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

ADDRESS

Sheil Funeral Home, K. C. Mo.

25. DATE RECD. BY LOCAL REG.

2-16-63

26. REGISTRAR'S SIGNATURE

Arthur Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF C. S. Anderson MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Richard E. Carroll*

Licensed Embalmer No.

*4829*

P.O. Address

*HC Sho*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.